Allisartan isoproxil

®

Cat. No.:	HY-111032	
CAS No.:	947331-05-7	
Molecular Formula:	C ₂₇ H ₂₉ ClN ₆ O ₅	
Molecular Weight:	553.01	/
Target:	Angiotensin Receptor	
Pathway:	GPCR/G Protein	
Storage:	Please store the product under the recommended conditions in the Certificate of Analysis.	

SOLVENT & SOLUBILITY

DMSO : 100 mg/mL (180.83 mM; ultrasonic and warming and heat to 60°C)					
	Solvent Mass Concentration	1 mg	5 mg	10 mg	
Preparing Stock Solutions	1 mM	1.8083 mL	9.0414 mL	18.0829 mL	
	5 mM	0.3617 mL	1.8083 mL	3.6166 mL	
	10 mM	0.1808 mL	0.9041 mL	1.8083 mL	
Please refer to the solubility information to select the appropriate solvent.					
 Add each solvent of Solubility: ≥ 2.5 mg Add each solvent of Solubility: ≥ 2.5 mg 	one by one: 10% DMSO >> 40% PEC g/mL (4.52 mM); Clear solution one by one: 10% DMSO >> 90% cor g/mL (4.52 mM); Clear solution	6300 >> 5% Tween-80 n oil) >> 45% saline		
	DMSO : 100 mg/mL (1 Preparing Stock Solutions Please refer to the sol 1. Add each solvent of Solubility: ≥ 2.5 mg 2. Add each solvent of Solubility: ≥ 2.5 mg	DMSO : 100 mg/mL (180.83 mM; ultrasonic and warming a Solvent Mass Solvent Concentration Preparing 1 mM Stock Solutions 5 mM 10 mM Please refer to the solubility information to select the app 1. Add each solvent one by one: 10% DMSO >> 40% PEC Solubility: ≥ 2.5 mg/mL (4.52 mM); Clear solution 2. Add each solvent one by one: 10% DMSO >> 90% corr Solubility: ≥ 2.5 mg/mL (4.52 mM); Clear solution	DMSO : 100 mg/mL (180.83 mM; ultrasonic and warming and heat to 60°C) Solvent 1 mg Preparing 1 mM Stock Solutions 1 mM 5 mM 0.3617 mL 10 mM 0.1808 mL Please refer to the solubility information to select the appropriate solvent. 1. Add each solvent one by one: 10% DMSO >> 40% PEG300 >> 5% Tween-80 Solubility: ≥ 2.5 mg/mL (4.52 mM); Clear solution 2. Add each solvent one by one: 10% DMSO >> 90% corn oil Solubility: ≥ 2.5 mg/mL (4.52 mM); Clear solution	DMSO : 100 mg/mL (180.83 mM; ultrasonic and warming and heat to 60°C) Solvent 1 mg 5 mg Preparing 1 mM 1.8083 mL 9.0414 mL Stock Solutions 5 mM 0.3617 mL 1.8083 mL 10 mM 0.1808 mL 0.9041 mL Please refer to the solubility information to select the appropriate solvent. 0.9041 mL 1. Add each solvent one by one: 10% DMSO >> 40% PEG300 >> 5% Tween-80 >> 45% saline Solubility: ≥ 2.5 mg/mL (4.52 mM); Clear solution 2. Add each solvent one by one: 10% DMSO >> 90% corn oil Solubility: ≥ 2.5 mg/mL (4.52 mM); Clear solution	

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Description	Allisartan isoproxil (ALS-3) is an orally potent, selective, non-peptide inhibitor of Angiotensin II Type 1. Allisartan isoproxil is also an antihypertensive agent. Allisartan isoproxil may inhibit angiotensin-aldosterone system and oxidative stress. Allisartan isoproxil lowers blood pressure and protects the organs, preventing cerebrovascular damage. Allisartan isoproxil (80-320 mg/kg/d) has shown toxicity in rat models by targeting liver organs ^{[1][2]} .
IC ₅₀ & Target	Angiotensin II Type 1
In Vivo	The metabolic pathway of Allisartan isoproxil is relatively simple, and Allisartan isoproxil is completely and directly converted to EXP-3174 by esterase during gastrointestinal absorption ^[1] . Allisartan isoproxil (20, 80 and 320 mg/kg/day; po; for 26 weeks) decreases body weight at 80-320 mg/kg/day dose, in Sprague-Dawley rats ^[1] .

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MCE has not independ	lently confirmed the accuracy of these methods. They are for reference only.	
Animal Model:	Femal and male Sprague-Dawley rats ^[1]	
Dosage:	20, 80 and 320 mg/kg	
Administration:		
Result:	Decreased body-weight gain at 320 mg/kg/day in both sexes as well as at the 80- mg/kg/day dose in females.	
	Decreased erythrocyte parameters in males, and decreased heart weight and	

REFERENCES

[1]. Liu Y, et al. A 26-week repeated-dose toxicity study of allisartan isoproxil in Sprague-Dawley rats. Drug Chem Toxicol. 2013 Oct;36(4):443-50.

[2]. Ling QS, et al. Allisartan isoproxil reduces mortality of stroke-prone rats and protects against cerebrovascular, cardiac, and aortic damage. Acta Pharmacol Sin. 2021 Jun;42(6):871-884.

Caution: Product has not been fully validated for medical applications. For research use only.

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